

## CITY OF SPRINGFIELD, MASSACHUSETTS

## **PURCHASER INFORMATION & CHECKLIST FORM**

<b>Property Address:</b>	
Purchaser:	
<b>Purchaser Mailing Address:</b>	
<b>Purchaser Contact Number:</b>	
Attorney:	
Attorney Mailing Address:	
Attorney Contact Number:	(
Please attach the following documen	ts to this form:
Rehabilitation Plan & Co	ost Estimates
bank statement, commitment	ropriate proof of financing may include a copy of a letter from a bank showing that the necessary funds financing must be in the name of the purchaser.

Documents should be submitted to:

Amber Gould Office of Housing 1600 East Columbus Avenue Springfield, MA 01105 413-787-6500/Fax: 413-787-6515 agould@springfieldcityhall.com

## **REHABILITATION PLAN**

	Completion Date	Total Amount
EXTERIOR		
Windows		
Roofing		
Exterior Masonry (Foundation, Steps, Chimney, Etc.		
Siding/Painting (including trim)		
Doors		
Porches		
Demolition		
Paving		
Clearing, removal of rubbish, mowing, landscaping		
Additional Exterior Improvements:		
INTERIOR		
Waterproofing		
Insulation		
Wiring (including cable, electric and telephone)		
Plumbing (labor, fixtures and piping)		
Water Heater		
HVAC		
Kitchen(s) should include cabinets, fixtures, etc.		
Bathroom(s) should include vanity, fixtures, shower, toilet,	etc.	
Drywall		
Painting		
Interior doors, hardware		
Stairs		
Flooring, Carpeting		
Appliances		
Fixtures		
Additional Interior Improvements:		
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MISCELLENEOUS COSTS		
Purchase Price		
Permits/Fees		
Utility Fees		
Contingency		
Additional Miscellaneous Costs		
FINAL COMPLATION DATE & TOTAL COST:		
	L	
Signature of Licensed Contractor	Printed Name of Licensed	Contractor
Construction Supervisors License #:		